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CONFIRMATION NO. 5920

SERIAL NUMBER 09/635,345	FILING OR 371(c) DATE 08/09/2000 RULE	CLASS 128	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. AKC-22900 [R0171]
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/150,737 08/25/1999
 and claims benefit of 60/148,130 08/10/1999

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 10/02/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 17	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

ORIGIN MEDSYSTEMS, INC.
 A CORPORATION OF THE STATE OF DELAWARE
 1525 O'BRIEN DRIVE
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TITLE

Apparatus and methods for subxiphoid endoscopic access

FILING FEE RECEIVED 1240	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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